DOCUMENT RESUME

ED 358 232 UD 029 308

AUTHOR Richards, Craig E.; And Others
TITLE Strategic Environmental Factors Constraining Fiscal Resources in Urban Schools: The Case of New York City.
PUB DATE [92]
NOTE 43p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Economically Disadvantaged; Educational Finance; *Educational Trends; Elementary Secondary Education; Enrollment Trends; Environmental Influences; Expenditure per Student; *Financial Problems; Futures (of Society); *High Risk Students; Minority Groups; *Public Schools; Retrenchment; *Special Needs Students; Urban Problems; *Urban Schools
IDENTIFIERS *New York City Board of Education

ABSTRACT

A study was done to assess the likelihood of substantial improvement in New York City public education by the year 2000 by extrapolating trends in enrollment, demographic changes, and general fiscal patterns. The study also looked at trends among the at-risk population of New York City: those with special language and financial needs and those at risk because of disease, abuse, and neglect. Rates of growth in these at-risk populations were investigated as were the current spending levels that are used to provide them with services. Major findings indicate the following: (1) poor and minority children in New York City are increasing as a percentage of total student growth; (2) by the year 2000, New York City will be spending $1,143 less per-pupil in real dollars than the average of the remainder of the state; (3) the social welfare index for children continues to decline; (4) unemployment, poverty, and child abuse are reaching epidemic proportions in New York City; (5) social diseases and drug abuse are increasing at an explosive rate; and (6) trend discrepancies in incidence rates of "at-risk" students and the funding allocated for services indicate that New York City school system will most likely be unable to provide the necessary services for students in need by the year 2000. Contains 47 references and 9 tables. (JB)

Strategic Environmental Factors Constraining Fiscal Resources in Urban Schools: The Case of New York City

Craig E. Richards
Donna Merritt
Tian Ming Sheu

Strategic Environmental Factors Constraining Fiscal Resources in Urban Schools: The Case of New York City

Executive Summary

This report assesses the likelihood of substantial improvement in New York City public education by the year 2000. To do this, the study is composed of three parts. First, the authors extrapolate (from the past decade) trends in enrollments, demographic changes, and general fiscal patterns through the year 2000. The focus then turns to trends among the at-risk population of children in the City: first, those with special language and financial needs (i.e., limited English proficiency and conditions of poverty); second, those who are at risk because of disease, abuse, and neglect. Rates of growth in these at-risk populations are investigated as are the current spending levels that are used to provide them with services. In the concluding section, the authors assess the likelihood that American education in the twenty-first century will be able to provide New York's children with the learning conditions and support they require to become productive members of society. In addition, several policy implications are included.

Major findings from the available data indicate the following:

- Poor and minority children in New York City are increasing as a percentage of total student growth.
- By the year 2000, New York City will be spending $1143 less per-pupil in real dollars than the average of the remainder of the state.
- The social welfare index for children continues to decline; children are currently about 42 percent worse off than they were in 1974, and their welfare is likely to be even worse by the year 2000.
- Unemployment, poverty, and child abuse are reaching epidemic proportions in New York City.

- Social diseases, like AIDS and drug abuse, whose rapid growth are associated with poverty, are increasing at an explosive rate.

- It is reasonable to conclude that a growing percentage of the educational budget will be needed to service the increasing number of "at-risk" students by the year 2000.

- Trend discrepancies in incidence rates of "at-risk" students and the funding allocated for services indicate that the New York City school system will most likely be unable to provide the necessary services for students in need by the year 2000.

- If trends continue as this study indicates, it is likely that the year 2000 will hold even less opportunity for urban children to succeed than offered at present.

Strategic Environmental Factors Constraining Fiscal Resources in Urban Schools: The Case of New York City

This report assesses the likelihood of substantial improvement in New York City public education by the year 2000. We use historical data from 1980 through 1990 to extrapolate[1] enrollment, demographic, and general fiscal forecasts through the year 2000. Our focus then turns to trends among the at-risk population of children in New York City, a group that is of great concern to educators and policymakers. First, an investigation is made of demographic and fiscal trends for children who are at-risk because they are of limited English proficiency or in conditions of poverty. Next, we examine trends among those New York City children who are at risk because of disease, abuse, and neglect. We spotlight these at-risk groups by examining the rates of growth in the particular population as well as the spending levels now employed to provide them with services. We must emphasize that many---but certainly not all---at-risk City children are multiply at-risk. In the concluding section, we assess the likelihood that American education in the twenty-first century will be able to provide New York's children with the

[1] The extrapolation procedure used throughout this analysis is a linear forecasting method using as many years of data as was available to the authors. Whenever past data grew exponentially, the authors made adjustments to assure conservative estimates of forecasted values. We realize the shortcomings of this method in arriving at declarative statements about future conditions. However, in keeping with our primary objective in this paper, we feel that this "ballpark," moderate approach will serve as a benchmark to call attention to the potential avenues of concern in urban education upon which future, more in-depth analyses can begin.

learning conditions and social support needed to become productive members of society. In addition, several policy implications are included.[2]

Enrollment and Demographic Trends

As Table 1 depicts, using the five-year period from 1986 through 1991 as a base to predict total public school enrollments, we find that an average increase of approximately one-half percent per year leads to total enrollments of approximately 1,026,000 by the year 2000. Racial breakdowns provide a somewhat more complex picture, however. If white enrollments continue to decline at the rate of 3.26 percent throughout the remainder of the 1990s and Asian and Hispanic enrollments continue to grow, the racial and ethnic makeup of the student body will continue to shift. Asian student enrollments will increase from 7 to nearly 13 percent and Hispanic enrollment from 35 to 37 percent. Afro-American enrollments will decline from 38 to 37 percent and white enrollments from 18 to 14 percent. As will be discussed later in this paper, these shifts have profound implications for English as a Second Language (ESL) and Bilingual Education.

Fiscal Trends

Robert Berne and Leanna Steiffel (1991), in an important and critical analysis of the fiscal crisis of the 1970s in New York City, concluded that by 1990 the public school system of New York City had still not recovered from the recession of the 1970s. New York City addressed the

[2] The authors used the most comprehensive data that were available. Due to the subject matter and the timely issues being presented in this paper, numerous assumptions and suppositions were made in order to utilize that data as correctly as possible. These assumptions have been indicated throughout the paper.

fiscal crisis of the 1970s by reducing positions, cutting services, reducing maintenance and capital construction, and shortening the school day by two periods.[3] In concrete terms, the City's school system lost 17,000 professional staff; maintenance staff was cut from 1000 to 400; and capital construction virtually halted until the mid-1980s. In large part, the recovery following the recession of the 1970s was financed by relative reductions in salaries.

One long-term effect of the fiscal crisis was a reduction in per-pupil spending relative to the rest of the state. Berne and Steiffel (1991, 26) conclude, "....upon graduation, a student who entered kindergarten in New York City in 1977 received less than three-quarters of the resources a student in the rest of the state had received." As we will see from the following tables, if these trends continue in the same direction as they have in recent years, the impact by the year 2000 will be considerable.

Why is New York City spending less per child? Part of the problem is that it receives fewer dollars per child than the state-wide average. New York City has 36.3 percent of the state's school-age children but only receives 33 percent of the state's money (New York City Office of Management and Budget 1991). Second, as Table 2 shows, per-pupil local revenues for New York City have been steadily declining in relation to local revenues generated by the rest of the state. Because of the municipal overburdening created by the fiscal crisis of the 1970s, City school budgets have been competing with other important municipal city services, like police and fire departments. Third, tax effort[4] for public school budgets has declined

---

[3] These two periods have since been restored.

[4] The definition of tax effort as used here is the percentage of local educational revenues as a percentage of total property value.

sharply from a high of 2.53 percent in 1986 to 1.58 percent in 1989. Furthermore, local tax effort has declined relative to the rest of the state. For example, in 1984 New York City's tax effort was about 7 percent above the state average; by 1989 it had declined to 78 percent of the statewide average (see Table 2).

As we can see from Table 3, in real dollars, New York City will be spending about $2,400 dollars less than the rest of the state by the year 2000, or about 21 percent less per child in Actual Operating Expenditures (AOE). By the year 2000, the combined impact of receiving only 94 percent of the average state revenue per–pupil and a lower local tax effort, will lead to a real dollar difference of $4,467 dollars per–pupil or a total budgetary impact of $4.58 billion dollars relative to the rest of the state.

The Social Health of New York City Children

Providing adequate financial resources for children is a necessary but insufficient condition for learning. In order for children to learn in school, they must be reasonably healthy, free from hunger, in stable family circumstances, and able to attend school. Unfortunately, urban life has become increasingly hostile to children. The factors that undermine their capacity to learn are complex and distressing. We can begin by looking at trends in the social health index (Maringhoff 1990). The index of social health provides an overview of the quality of urban life for children. It is based on the premise that the quality of life for a child is a function of a complex set of interacting variables that create the social climate in which a child lives––and too often dies. For children these are infant mortality, child abuse, poverty, teen suicide, drug abuse, and dropout rates. Since 1974 when the index was at 75 percent, it has declined steadily. By 1988, the last year for which the index was calculated, it had dropped to 44––a loss of 41

percent. During this period, seven of eleven factors worsened, three improved, and one remained unchanged. Those factors worsening were children in poverty, child abuse, drug abuse, poverty among adults, and the homicide rate. The infant mortality rate improved and the high-school dropout rate decreased (Maringhoff 1990).

To some extent, these trends reflect those of the na[illegible] But, statistically, children in New York would be much better off living elsewhere. Nationally, the percentage of children in poverty has increased 25 percent since 1970; it has increased 50 percent since 1974 in New York City. The percentage of children in poverty in New York City has hovered around 36 percent for the past several years (Community Service Society of New York 1991). Even more distressing, violence against children has risen dramatically. Since 1974, reported cases of child abuse have increased 300 percent (Breaking the cycle of dependency 1989). Even if adequate funding for schools were available, the quality of urban life has deteriorated so severely that the normal budgets for regular classroom instruction will not begin to serve the needs of at-risk children. In an effort to combat these problems, state and local school budgets include special funds. We will now examine demographic and fiscal trends for students who are at-risk because they are not proficient in English as well as those who are at-risk because their families live in poverty.

Students with Financial and Language Needs

Growth in Limited English Proficiency (LEP) Students

LEP students are divided into two groups according to their language background: those who are Spanish-surnamed and/or come from a home where Spanish is spoken and those who

come from a home where a language other than English or Spanish is spoken, such as Chinese, Greek, Russian, etc. (New York City Board of Education 1985).

In order to identify students who are entitled to bilingual or ESL programs, the Language Assessment Battery, or LAB test, was developed to assess English language proficiency. Students who score at or below the 21st percentile are classified LEP and are entitled to participate in a bilingual program. In the 1989–90 school year, the LAB cutoff score for LEP identification changed from below the 21st percentile to the 41st percentile. Whether the 40th percentile is an appropriate exit point is beyond the scope of this study and will not be analyzed. However, this change did add about 16,000 more students to bilingual entitlement (New York City Board of Education 1992).

During the four-year period from 1988 through 1991, the number of LEP eligible students in the City steadily increased from 101,000 in 1988 to about 130,000 students in 1991 (see Table 4). The LEP students constitute 12 percent of all students in the New York City public school system and about 80 percent of the State's LEP students (New York State Department of Education 1992).

Adjusted by the changing cutoff score of the LAB test, the average growth rate of LEP eligible students is 6 percent each year. Based on the average growth rate, as Table 4 indicates, it is expected that the City's public school system will have 146,574 LEP-eligible students in 1993 and 222,326 by the year 2000, which will account for 20 percent of the total New York City student population.

Discrepancy between reported and actual student number

This forecast may not, however, represent an accurate picture of the growth of LEP students in the City's public schools because of the influx of new immigrants in recent years. According to an annual report issued by the New York City Board of Education, about 120,000 immigrants from 167 countries have entered the New York City public schools over the past three years, all of whom are potential LEP eligible students (Berger 1992). Most of these immigrants originate from countries such as the Dominican Republic, Jamaica, China, and the former Soviet Union. It is also expected that an influx of children from Eastern European nations will place new demands upon the City's public schools due to the uncertain economic and social conditions in these countries.

Funding growth

Funding for immigrant language programs is provided by a combination of city, state, and federal programs. In the 1990 school year, total funding for the LEP students was $238 million. Of these funds, the federal government contributed 23 percent, the State provided 44 percent, and the City supplied 33 percent (see Table 4). The average growth rates were 6.6 percent in federal funding, 18.6 percent in state funding, and 9.7 percent in city tax levy funds. The total funding for LEP students is projected to reach $980 million by the year 2000 (see Table 4).

Per-pupil trends

Generally, if total funding is divided by the number of students, it will provide a measure of per-pupil expenditures. However, this kind of calculation misrepresents the relationship between dollars and students in LEP programs. Note that some LEP students may receive

bilingual instructional and support services from a variety of funding sources to meet their educational needs (Bilingual and ESL Program Funding Community School Districts 1988). For example, some LEP students may be enrolled in a tax-levy-funded bilingual class, receive supplementary ESL instruction from a Pupils with Compensatory Educational Needs (PCEN) funded teacher, acquire remedial native language reading from a Chapter 1 paraprofessional, obtain guidance services from a Title VII counselor, and receive instructional materials provided through Immigrant Program funds. Therefore, simply dividing total funding by the number of LEP students may present a biased picture of actual per-pupil disbursement. For example, in Table 5 we see that per-pupil expenditure levels vary among programs from $66 to $2,107.

Program deficits for LEP Students

The growth rate of LEP funding sources would seem optimistic; however, this does not mean that LEP students now have or will get an adequate and appropriate education. Two phenomena are worthy of our attention.

First, about two-thirds of LEP-eligible students do not have an opportunity to receive a full bilingual program. According to the Consent Decree, the Lau Decision, and an agreement with the U.S. Office of Civil Rights, all children identified as LEP must receive a full bilingual program, which includes instruction in English as a Second Language (ESL), Native Language Arts, and three or more subjects in their native language (Ten Years of Neglect 1985). However, this is not the case for the City's LEP-entitled students. In the 1991 school year, the LAB test identified 130,125 students as entitled to bilingual services. Of these, only 35 percent received a full bilingual program. In addition, 16 percent received a partial program, another 38 percent

received ESL only, leaving more than 13,170 students without any legally–required bilingual services (Citywide Profile and Performance in Relation to Minimum Standards 1992).

This leads to a second phenomenon--the shortage of certified teachers. In 1991, while 12 percent of total New York City students are LEP eligible, about 8 percent of teachers are in bilingual or ESL teaching positions. Not all of these teachers possess a bilingual or ESL license/certification (Facts and Figures 1991). The shortage of certified bilingual or ESL teachers is even worse for certain immigrant groups who have not historically been well represented in the City, such as Eastern Europeans. Students of these immigrants are assigned to regular classes and pulled out for 45 minutes of ESL instruction each day.

Conclusion

In short, although the growth of funding for LEP programs is rising faster than that of eligible students, evidence indicates that efforts to help LEP students are hardly sufficient. The cost of funding full bilingual programs as required by law is far higher than the growth rate projected for the year 2000. Second, even if the funding were available, it is unlikely that the available pool of bilingual teachers would be large enough to meet the demand. Third, the bilingual education system is particularly vulnerable to an influx of immigrant children from Russia and Eastern Europe.

Trends among students in poverty

Poverty encompasses many subjective and unmeasurable characteristics; the measure we use as a proxy is the number of students who qualify for federally subsidized free and reduced–price meal programs. Students qualify for these programs if their family is eligible for food

stamps or Aid to Families with Dependent Children (AFDC) benefits or if their family's annual income is below specified levels that vary by family size. As an example, for the 1986–87 school year, a pupil from a family of four with annual income below $14,300 qualifies for free lunch and a pupil from a family of four with an annual income below $20,350 qualifies for a reduced–price lunch. According to the New York State Department of Education (1992), school children in New York City constitute 60 percent of all poor children in the State. In the 1989–90 school year, 64 percent of the City's school children qualified for either free lunch or reduced–price lunches. Of these children, 55 percent participated in free lunch programs and 9 percent participated in reduced–price lunches (Citywide Profile and Performance in Relation to Minimum Standards 1992).

The applications for free or reduced–price lunch in the City's public schools increased from 617,509 in 1985 to 640,910 in 1987. From 1988 to 1989, the numbers declined to 594,355 but thereafter increased to reach 636,838 in 1991––almost the 1987 level. Based on these data, we forecasted the number of applications for free and reduced–price meal programs in the City by the year 2000 and estimated that, at the lower bound, the number of students in poverty would reach 678,000, or approximately 2 out of 3 students (see Table 6). However, for the reasons specified below, the number could be as high as 75 percent, or 3 out of 4.

Discrepancy between reported and actual student numbers

Although data on the percent of pupils in each school who apply for free and reduced–price lunch programs is routinely collected, these data underestimate the actual needs of students for four important reasons.

First, the numbers collected by the school board indicate actual applicants, not the total

number of students eligible for free and reduced-price lunch. Since the program is voluntary, students must apply for the program; the number reported is somewhat lower than the number of students eligible (Citywide Profile and Performance in Relation to Minimum Standards 1992). Furthermore, elementary and junior high school students are much more likely to apply for the program than high school students. High school students are more sensitive to the possible negative stigma of the program, have less parental guidance directing them to apply, and are less dependent upon the service as they have more opportunities for meals outside the school system.

Second, the New York City child poverty rate increased steadily each year during the five-year period from 1986 through 1990. Except 1988 when the poverty rate dropped one-half of one percent from the previous year, the child poverty rate increased from 35.4 percent in 1986 to 40 percent in 1990 (Community Service Society of New York 1991). Poor children are "going up like a bullet on the charts," according to David Johns, president of the Community Service Society of New York. Eight hundred thousand children--almost 40 percent of the City's youngsters--live in poverty. That's 210,000 more children than a decade ago.

Third, the jobless rate also jumped significantly in 1992. Unemployment in the City was 11.5 percent as compared with 7.8 percent nationwide in June 1992. If the current recession persists, more children will inevitably be pushed onto the poverty rolls.

Finally, conditions of poverty and racial and ethnic status are strongly related (Berne and Tobier 1991). According to a recent report issued by the Community Service Society of New York, Afro-American and Hispanic children accounted for nearly 85 percent of the City's poor children in 1991 (Poverty in New York City 1991). As was mentioned previously, Hispanic enrollments are increasing, Afro-American enrollments are essentially stable, and white

enrollments are declining. Therefore one can expect that the total number of students will continue to grow throughout the remainder of the twentieth century. Poverty, in turn, increases the negative social pressure on children and substantially raises their risk of school failure.

Funding growth for students in poverty

As Table 6 indicates, funding for pupils in poverty is mostly from the federal government. In 1986, the total federal subsidy for low-income students was $405 million. In 1991, there was a 23-percent increase to $497 million. Based on the five-year average growth rate, the total funding for low-income students will reach $798 million by the year 2000 (see Table 6).

Per-pupil trends

To determine whether funding was adequate, we divided the total state and federal aid by the number of low-income students and found that, by the year 2000, per-pupil state and federal aid for children in poverty will be $1,177 (see Table 6). Given the fact that per-pupil aid for low-income students was $798 in 1991, a $379 increase over the next nine years will neither cover the cost of inflation nor will it be sufficient for these students to get proper support services and nutrition. Using state and federal aid figures provided by the New York City Comptroller's Office and forecasting to the year 2000, we estimate the lunch subsidy to be about $1.42 per day and a Chapter I educational subsidy of $5 per student (New York City Comprehensive Annual Financial Report of the Comptroller).

Students with health needs

A myriad of health and social problems have exacerbated the deterioration of the already-threatened urban family. While the growing percentage of single-parent households in poverty is a national phenomenon, it is even more devastating in urban areas such as New York City. In 1989, the New York State Education Department classified one out of ten school children as disabled in some way. The school system may soon be overwhelmed by the number and type of responsibilities it is forced to assume. One troubling indicator is the fact that the Department of Health (DOH) increased the number of medical screening teams provided to the Board of Education by 283 percent between 1985 and 1986 alone (Health and health care in New York City, Local, State and National Perspective 1987). In addition, many privately co-sponsored projects have been developed to address the emotional and physical effects of substance abuse and AIDS as well as nutrition and general health concerns.

The following tables provide an indication, from the often scant and incomplete data available, of the health problems New York City's children and school system will face together in the remainder of this decade. We begin with the AIDS epidemic and then turn attention to parental substance abuse as it affects children.

Children with AIDS

The monthly AIDS Surveillance Report of the New York City Department of Health (DOH) is one of the most widely recognized and cited tracking sources for pediatric AIDS data. The most current report cites a cumulative total of 916 cases of pediatric AIDS in New York City (children 0 to 13 years of age). This represents 26 percent of the total cases of pediatric

AIDS nationwide. Although in the past few years reported cases have fluctuated, the average increase in the incidence of pediatric AIDS in New York from 1986 through 1992 was about 22 percent (see Table 7). The number of HIV-positive City children from ages 13 to 21 more than doubled--from 111 cases to 250 cases--over the 4-year period from 1987 to 1991. Only 3 percent of the nation's 13- to 21-year-olds live in New York City, yet 20 percent of all reported AIDS cases in this age range are in the City (New York City Department of Health 1992).

While these numbers are startling, they have received criticism for severely underreporting the extent of AIDS among children. Estimates of underreporting range from 3 to 8 children for each reported case. Conservatively this extrapolates to over 1,800 cases for children under 13 years of age--the upper bound is over 7000 cases (Center for Disease Control 1989; Commitment to Caring for Kids 1989). The DOH has publicly stated the probability of at least 2 to 3 AIDS-related cases for each AIDS-diagnosed child. It claims that New York City is home to one-third of the nation's pediatric AIDS cases with an estimated 1600 to 4400 HIV-infected children under the age of 13 (HIV-related knowledge and behaviors among high school students--selected U.S. sites 1990). One piece of evidence to support the claims of those who argue for the upper bound was reported by the Citizen's Committee for Children in 1988. The committee surveyed 20 hospitals in the City by telephone. A total of 828 children were found to have CDC-defined AIDS or clinically apparent symptoms of HIV infection, and an additional 201 infants were reported by hospitals to have latent or inapparent HIV infection. During the same time period, the U.S. Department of Health and Human Services AIDS Surveillance Report identified only 134 children--only one-eighth to one-sixth of the cases reported in the hospital survey. The United Hospital Fund (1987) has noted the difficulties of measuring the health status

of City children. Since only deaths and a limited number of diseases must be reported, there is currently no system of collecting data on the rate of occurrence of most disabling childhood diseases. Social scientists Brecher and Horton (1990) have pointed out that despite the great number of children's service agencies, there is no central agency to gather comprehensive data, assess needs, and do planning. Even if we are underestimating the scope of the problem by using poor data, it is evident that AIDS is a serious health hazard to New York City children. In 1986 AIDS replaced influenza and pneumonia as the fifth leading cause of death among children age 1 to 14. In 1990 AIDS was considered the number one cause of death among children between the ages of 1 and 4 (March of Dimes 1991).

Although there is no consensus on the life expectancy of a child born infected with the AIDS virus, due to the aggressive medical treatments now available with drugs such as AZT, the average life expectancy has been extended to about 7 years. When the illness develops in children of 5 or 6 years of age the survival prognosis expands dramatically to encompass a wide range of life expectancy estimates depending on the treatment and care received. The fortunate children who receive health care for the HIV infection receive care at home but still require outpatient care once or twice a month and hospitalization 2 to 3 times a year. Dr. David E. Rogers, head of the New York State AIDS Advisory Council and the Mayor's AIDS Task Force, has already concluded that the increasing numbers of AIDS patients needing such care will undoubtedly cause additional strain on the already overburdened health care system. (Lockhart and Wodarski 1989; Altman 1990). A 1989 study by the DOH reported cumulative statistics since 1987 that show 1 in 1,000 babies born to 15-year-old mothers and 1 in 100 babies born

to 19-year-olds carrying antibodies of the AIDS virus.[5] The number of New York City females who were diagnosed with AIDS as of March 1992 was 6021--a 36 percent increase since 1990. Over 74 percent of these women were of childbearing age, 20 to 39 years old (AIDS Surveillance Update 1992). A person infected with the virus that causes AIDS can either develop the symptoms of AIDS immediately or wait 10 or more years before signs of AIDS appear. Therefore, many more young women may be infected than have been reported and more children may be infected than future trends have estimated based on reported cases.

Is the New York City system able to handle the needs of this growing population of "special" children? New York City is required by law to provide homebound education and services for students with special needs, yet only two overworked full-time staff members currently serve high school children, providing mostly crisis counseling and very little planning.[6]

AIDS education, programs, and funding

The New York City Board of Education provides free, mandatory public AIDS education for almost 1 million school-age children in its health education curriculums and substance abuse prevention programs. Specific AIDS curriculum materials have been developed for use throughout the City's high schools and incorporated into the graduation requirements for high school seniors. Educational materials define AIDS, its symptoms, how it is transmitted, and how

---

[5] Women infected with HIV can pass the virus to their babies during pregnancy, during birth, or while breast-feeding. If a woman is infected before or during pregnancy, her child has between a 33 and 60 percent chance of being born with the virus, and there is no treatment to prevent this transmission (Associated Press, 1990).

[6] Information received through interviews with individuals at the New York City Board of Education.

that transmission can be controlled. A minimum of six instruction sessions on AIDS/HIV are required per year in grades 7 through 12 (Guidelines for effective school health education to prevent the spread of AIDS 1988; HIV-related knowledge and behaviors among high school students--selected U.S. sites 1990).

Over three-quarters of the funding for AIDS-related health education comes from the City. The New York City Office of Management and Budget (1990) has estimated that the Board of Education will receive over 3 percent of the total City funds appropriated for AIDS in 1991 totalling nearly $9 million. State and federal funds for 1991 are estimated at $400,000 and $446,000, respectively, and are forecasted to remain at exactly the same level for the next three fiscal years. Based on projections provided by the Office of Management and Budget, trends in total AIDS appropriations to the Board of Education for health education are only increasing on average by 1.45 percent, yielding the trend shown in the year 2000 and an estimated annual per-pupil expenditure of $10 (see Table 8).

In addition to governmental funds, many private, not-for-profit agencies in New York City are involved in AIDS care and prevention. Programs provided by organizations such as the AIDS Institute and the AIDS and Adolescence Network of NY seem to be increasing in the areas of outreach, education, maternal services, and family assistance. Although it is difficult to get an aggregate estimate of the extent of these services and their long-range effects due to poor reporting practices, it has been estimated that more than 20 percent of the cost of caring for children with AIDS results from educational rather than medical demands (Testimony to the Education Committee 1990).

Conclusion

As the trends illustrate, AIDS funding is not increasing as quickly as the reported incidence of AIDS and AIDS-related trauma that children are experiencing in New York City. More at-risk children will be entering the school system throughout the 1990s. The demand for health care, educational, and psychological services as a result of children afflicted with AIDS, coupled with the exponential increase in the number of bereaved children in the schools system who have lost family members or peers, are already overwhelming available resources.

Parental Substance Abuse

Another condition affecting the ability of City children to learn is substance abuse. From 1981 through 1987 the number of infants with fetal drug exposure reported on birth certificates in New York City increased almost 40 percent per year to reach an estimated 13,267 cases in the year 1992 (NYC Human Resources Administration 1989). We have projected that at a 39-percent growth rate, more than 180,000 children will be born in the year 2000 with fetal drug exposure (see Table 9). By the year 2008, over half of all K-12 children will have been drug exposed. However, according to the DOH, these figures are regarded as unrealistically low since birth-certificate reporting is known to significantly underestimate the extent of narcotic exposure of newborns. Indeed, the DOH connected nearly one-fourth of Central Harlem infant deaths with drug-abusing mothers. This conclusion is based on discrepancies such as the following: in a 1986 DOH review of 12 City hospitals, medical records indicated 7.2 percent of the mothers were drug abusers while only 2.9 percent of the births were reported as such on the birth certificates (Children with drug addicted mothers 1989). Most of these children will enter the school system

in regular classes without ever being diagnosed for learning or emotional disabilities caused by fetal drug exposure.

The growth rates for maternal substance abuse are skyrocketing. The Department of Health reports increases in births to substance abusing mothers to be as high as 3,000 percent since 1989 (Bollinger and Pierson 1990). Dr. Ira Chasnoff, founder and president of Chicago's National Association for Perinatal Addiction Research and Education, stated that nothing like crack has ever been seen in terms of its potential harm to the unborn (Chasnoff 1988). Harlem Hospital typically reports 50 to 70 percent of the newborns in neonatal intensive care as testing positive for cocaine but uses a test which only detects the cocaine that has been ingested shortly before birth, therefore leaving a large number of cases undetected. These and other statistics have prompted the DOH to project that 5 percent of all babies and 10 percent of all non-white babies will require admission to intensive care units by 1995. Most of these hospital units were already running at 100 percent capacity in 1989, with Harlem Hospital running at 200 percent capacity (French 1989). What are the possible consequences for fetal drug exposure? Of the children who survive the trauma of birth, many suffer from neonatal abstinence syndrome characterized by hyperactivity and developmental disorders such as poor motor coordination, poor attention span, and visual problems. At 3 to 6 years of age, it is common for a child exposed to drugs to perform more poorly on tests for cognitive ability; and from ages 8 to 17, school problems commonly develop with the likelihood of delinquent behavior including substance abuse and isolation from those around them. Often exacerbated by parental neglect, these children are at-risk of developing a wide variety of abnormal behavior patterns that health care experts,

educators, and mental health specialists are having difficulty diagnosing and understanding (Blakeslee 1989; Callaci 1989; Chira 1990; Daley 1991; Viadero 1990).

The explosion in drug and alcohol abuse by adults aggravates children's exposure to neglect, physical abuse, poverty, teenage parenthood, and homelessness. New York State already has the nation's second-highest population of foster care after California. A recent survey found that parental drug and alcohol abuse was involved in more than 60 percent of the foster placements (Hemphill 1990a, 1990b). Illustrating the devastating effects of maternal drug use, Jim Purcell, Associate Commissioner of Social Services in New York City, reported 3,000 infants in 1989 who entered foster care directly from hospitals. Among older children, the national estimates go as high as 90 percent of the foster care placements being caused by parental drug and alcohol abuse. This means that virtually every child in foster care has experienced abuse which, according to experts, breeds children who are angry and disruptive, tend to distrust adults, excessively crave attention, and are consumed with feelings of unworthiness, as they perceive themselves to blame for their parents leaving them (Howard et al. 1989). Indeed, parental substance abuse is provoking growing support for the idea of bringing back the orphanages of the nineteenth and early twentieth centuries. Senator Daniel Patrick Moynihan states that not only is crack creating orphans, but it is creating the need for orphanages, similarly to the way that epidemics of the past once did (Hemphill, 1990a, 1990b).

With the fetus acting like a dependent sponge inside the placenta, what harmful effects an addicted mother doesn't force upon her child in the form of cocaine, she presents in the form of her own anorexia, malnutrition, and anemia. Given the overwhelming lack of prenatal care, Dr. Judy Howard, professor of pediatrics at the UCLA medical school predicts that some

inner-city schools' classrooms will be comprised of as many as 40 to 60 percent cocaine-exposed babies within the next few years. It is difficult at this point to diagnose these children given the variety of drugs taken by their mothers, intervals in which the drugs were used, and abusive conditions present after birth. The most severely damaged children are either detected at birth or suffer from overt symptoms such as seizures, cerebral palsy, or mental retardation. Children who escape overt symptoms, suffer from sudden mood swings, extreme passivity, lack of emotion, slow language acquisition, and mild speech impairment. Many of these children find it difficult to concentrate and remember, have trouble interpreting nonverbal signs, and are easily frustrated (Chira 1990; Howard 1989; Fink 1989).

Substance abuse prevention programs and funding

Incremental plans, such as those presented by New York City's Deputy Chancellor of Schools for Operations, Stanley S. Lithow, to revamp existing programs that are not tailored to meet the needs of drug-exposed children (French 1989) will not overcome the system-wide attack on the quality of children's lives in New York City. Indeed, substance abuse programs in the City do not seem to have reached beyond a sweeping instructional explanation of drugs and what they can do to the body of someone taking them. Total allocations for substance abuse programs, which are geared toward virtually all City students, are increasing by 22 percent per year as indicated in Table 9. In fiscal year 1991, however, this only amounted to $43 per pupil served--hardly enough to provide the kind of detailed diagnostic and counseling services required by fetally-exposed substance abuse victims, let alone those teens who have substance abuse problems. Available City programs, even when run by dedicated and determined staff and administrators, are largely inadequate. Drug-exposed children are creating a financial burden on

our educational system, the degree to which we have never seen. One Florida official stated that it could cost $40,000 per child annually to get crack babies ready for scho (Cocaine Babies: Florida's Substance-Exposed Children 1989). In Los Angeles, medical costs for drug-exposed babies in 1988 alone was nearly $81 million. By comparison, substance abuse allocation for students in New York City for 1991 was only around $39 million. Reflecting on these costs, U.S. Senate Finance Committee Chairman Lloyd Bensten estimated that the cost to prepare drug-exposed children to start kindergarten will soon reach $15 billion per year for all levels of government (HHS Releases Report on Crack Babies 1990).

Conclusion

We have attempted to illustrate in this analysis the extent to which the quality of life for urban children has declined in recent years. By using public data we have arrived at several conclusions about New York City's ability to meet the educational needs of its children by the year 2000. We hope these numbers and the future trends they help depict will elicit more discussion and detailed analysis. We will now briefly recap our major findings and some of their implications for public policy.

Trend discrepancies in the incidence rates of "at-risk" students and the funding allocated for services indicate that the New York City school system will not be able to provide at-risk students with support services needed to sustain learning for the foreseeable future. By the year 2000, New York City will be spending $1143 less per pupil in real dollars than the average of the remainder of New York State. Clearly, this discrepancy indicates that there is a lack of sufficient funding provided by the current funding structure. Local tax effort as well as state and

federal disbursements must be increased to maintain adequate support services for the high percentage of the state's at-risk school children residing in New York City.

The percentage of New York City school children who are poor or of minority background is increasing relative to total student growth. As we have indicated, funding is not accelerating at the same rate as is the percentage of children in need of extra programmatic assistance. This will lead to per-pupil decreases in programs targeted to these children. Extra resources are needed, not only in monetary terms but in the form of extra, specially-trained teachers and support service personnel. More bilingual teachers and social service workers must be adequately trained and employed.

An additional problem confronting the New York City public schools is reflected in the social welfare index for children, which continues to decline; children are currently about 42 percent worse off than they were in 1974, and their welfare is likely to be even worse by the year 2000. Unemployment, poverty, and child abuse are reaching epidemic proportions in New York City. Social diseases like AIDS whose rapid growth are associated with poverty are increasing. With the continuing deterioration of the surrounding society, the school can no longer function successfully in isolation. Instead, the educational system must integrate itself with social service efforts currently available in the City to more effectively and efficiently provide for children's "noneducational" needs.

If current trends continue, it is likely that the year 2000 will hold even less opportunity for urban children to succeed than is offered at present. As a society we must become determined and committed to care for our children. No longer can the school system take sole responsibility for failure to provide resources and opportunities for those children whom our

institutions have labeled as "at-risk". A unified effort involving government, educators, and communities must ensue in order to overcome the increasing obstacles facing a growing percentage of America's twenty-first century school children.

While an elaborate set of recommendations is beyond the scope of this report, we feel obligated to illustrate, with two brief examples, strategies that are working to improve the delivery of support service to at-risk children.

1. Preventing learning disorders from drug abuse during pregnancy. Boddum et al. (1993)[7] have found in a study for Kaiser Permanente in Oakland, California that pregnant patients at risk for substance abuse can be identified early in prenatal care, that they will participate in a program of recovery in the obstetrics clinic, and finally, that such a program in an obstetrics clinic setting will not only prevent the usual poor birth outcomes but also will lead to significant savings in hospitalization costs.

2. Alternative school models. While a number of models exist, the most famous and tested model has been developed by Dr. James Comer and associates, at Yale University. Comer, as a psychiatrist, was particularly concerned to find strategies that bolstered the underdeveloped social and psychological needs of children as a necessary precondition for academic success. He soon realized that the current model of schooling presented three obstacles. First, the hierarchical structure of management made it impossible for the school to respond to children's needs. Second, the world of inner-city children was fundamentally alienated from the world of school. Third, teachers were not trained to understand the cultural handicaps that children brought to

[7] Correspondence with Marsha Maslan of Kaiser Permanente Medical Center in Vallejo, California.

school. His first step was to decentralize management and involve the entire community in the running of schools. According to Fiske (1991), there are now more than one hundred Comer schools around the country, each run by a governing council of teachers, counselors, and parents, headed by a principal. The second step was to bring parents actively into the life of the school through social events, as tutors and as classroom volunteers. The final step was to establish a mental health team including guidance counselors, school psychologists, special education teachers, nurses, and classroom teachers who advocate for the developmental needs of individual children. (Fiske 1991, 205–20)

As these examples illustrate, we do have alternatives that can make a difference at the institutional level. It would be naive, however, to assume that the kind of structural reform required to make a substantial difference in the quality of life of school children in New York City can be accomplished at current levels of funding and with the current highly inefficient system that characterizes New York's centralized school system.

Plaut and Kelly (1989) at the New York Interface Development Project described services for children in New York City as a patchwork quilt with more holes than patches. If we were waging a war on behalf of children in the 1980s, we lost many battles; if the decade of the 1990s concludes as it has begun, we will have lost the war. We do not believe that this condition is inevitable. New York City can choose an alternative future for its children, but genuine and constructive change will require moving beyond the incrementalism of the 1990s.

SELECT BIBLIOGRAPHY

Basic References

AIDS prevention guide. 1990. Washington, DC: U.S. Department of Health and Human Services.

AIDS surveillance update. 1992. New York: New York City Department of Health, AIDS Program Services. March.

Berne, R., and L. Stiefel 1991. Fifteen years older and deeper in debt: Effects of the mid-1970s fiscal crisis on public elementary and secondary education in New York City. New York, NY: Urban Research Center, Robert F. Wagner Graduate School of Public Service.

Berne, R., and E. Tobier 1991. School Days.. Unpublished.

Bilingual and ESL Program Funding Community School Districts. 1988. New York: New York City Board of Education, Office of Bilingual Education. [Internal document].

Boddum et al. 1993. Correspondence with the authors.

Breaking the cycle of dependency: 1988 annual report. 1989. New York: New York City Human Resources Administration.

Brecher, C., and R. Horton 1990. Setting municipal priorities. New York: New York University Press.

Callaci, D. 1989. Children born drug addicted pose special problems for schools. UFT Bulletin. November 13.

Center for Disease Control. 1989. [Published report by Secretary's Work Group on Pediatric HIV Infection and Disease]. Washington, DC: US Department of Health and Human Services, May.

Chasnoff, I. 1988. Newborn infants with drug withdrawal symptoms. Pediatrics in Review. 9 (March): 273-76.

Children with drug addicted mothers. 1989. Health of the City. [New York City Department of Health]. March.

Citywide profile and performance in relation to minimum standards. 1992. New York: New York City Board of Education.

Cocaine babies: Florida's substance-exposed children. 1989. Florida Office of Education, Office of Policy Research and Improvement, Prevention Center.

Commitment to caring for kids. 1989. New York: New York City Department of Health and Association for the Care of Children's Health.

Estimated appropriations for AIDS in NYC/program narrative and explanation of computations. 1990. New York: New York City Office of Management and Budget. June.

Facts and figures. 1991. New York: New York City Board of Education, Division of Multilingual and Multicultural Education.

Fink, J. R. 1989. Effects of crack and cocaine upon infants: A brief review of the literature. Published paper by the Legal Aid Society Juvenile Rights Division, October.

Fiske, E. B. 1991. Smart schools, Smart kids. New York: Simon and Schuster.

Guidelines for effective school health education to prevent the spread of AIDS. 1988. Washington, DC: U.S. Department of Health and Human Services.

Health and health care in New York City, local, state and national perspective. 1987. Washington, DC: United Hospital Fund.

HHS releases report on crack babies. 1990. Focus. [Washington, DC: National Council of Disability]. (Spring): 7-8.

HIV-related knowledge and behaviors among high school students--selected U.S. sites. 1990. Washington, DC: U.S. Department of Health and Human Services.

Howard, J. (1989). "Annotation: Cocaine and its effects on the newborn. Developmental Medicine and Child Neurology. 31:255-57.

Howard, J., L. Beckwith, C. Rodning, and V. Kropenske. 1989. The development of young children of substance-abusing parents: Insights from seven years of intervention and research. Zero to Three. June.

The invisible emergency continues: The problem of unreported cases of HIV infected children in NYC. 1988. New York: United Hospital Fund and Gay Men's Health Crisis, and the Citizen's Committee for Children. November.

Lockhart, L., and J. Wodarski. 1989. Facing the unknown: Children and adolescents with AIDS. Social Work. 34 (May): 215–21. May.

March of Dimes. 1991. _____ Incomplete cite for p. 15.

Maringhoff, M. L. 1990. The index of social health 1990: Measuring the social well-being of New York City: Focus: the children of New York. New York, NY: Fordham Institute for Innovation in Social Policy in cooperation with the Community Service Society.

New York City comprehensive annual financial report of the comptroller. Various years. New York: New York City Comptroller's Office.

New York City Office of Management and Budget. 1991. [Unpublished reports/internal documents].

New York State Department of Education. 1992. [Unpublished report by the Information Center on Education].

Plaut, J., and T. Kelley. 1989. Childwatch: children and drugs. New York Interface Development Project, Inc. June.

Poverty in New York City. 1991. Community Service Society of New York.

Principal's guide for the identification, testing and placement for limited English proficient students. 1985. New York: New York City Board of Education, Office of Bilingual Education.

Ten years of neglect: The failure to serve language-minority students in the New York City public schools. 1985. Educational Priorities Panel.

Testimony to the Education Committee for a public hearing on PL-99-457, May 18. 1990. New York: New York City Department of Health.

Viadero, D. 1990. Study of drug-exposed infants finds problems in learning as late as age 3. Education Week. (September): 15.

Newspapers

Altman, L. K. 1990. Advances in treatment change face of AIDS . New York Times. June 12.

Berger, J. 1992. Schools cope with influx of immigrants. New York Times. April 15.

Blakeslee, S. 1989. Crack's toll on infants found to be emotional devastation. New York Times. September 17, 1.

Bollinger, A. V., and R. Pierson. 1990. Crack kids: Worst yet to come. New York Post. May 11.

Chira, S. 1990. Crack babies turn 5, and schools brace. New York Times. May 25.

Daley, S. 1991. Born on crack and coping with kindergarten. New York Times. February 7.

French, H. 1989. Rise in babies hurt by drugs is predicted: 5% in New York City could need care by '95. New York Times. October 18, B1–2.

Hemphill, C. 1990a. 1st wave of crack casualties. Newsday. September 4.

Hemphill, C. 1990b. A tormented cry. Newsday. September 28.
778

TABLE 1

NEW YORK CITY PUBLIC SCHOOLS:

STUDENT ENROLLMENT AND FORECASTS

Year	Enrollment	Ethnic Group				
		Native American	Asian	Hispanic	Black	White
1980	943,805	476	38,197	287,494	363,948	253,690
1981	924,215	479	40,626	287,173	356,441	239,496
1982	918,384	377	44,614	292,124	353,238	228,031
1983	924,842	509	49,316	300,926	354,974	219,117
1984	931,768	675	54,287	308,906	355,763	212,137
1985	936,231	586	57,631	314,748	356,933	206,333
1986	939,142	680	61,688	318,431	358,254	200,089
1987	939,933	823	65,166	319,216	361,473	193,255
1988	936,153	891	68,441	321,292	359,363	186,166
1989	938,645	666	71,963	324,491	359,289	182,236
1990	955,514	757	75,635	334,168	363,057	181,897
1991 *	960,564	808	79,863	338,208	364,301	177,383
1992 *	966,018	863	84,328	342,297	365,549	172,982
% of Total	100.00%	0.09%	8.73%	35.43%	37.84%	17.91%
*Estimate						
Avg Chg:						
10 yrs		6.75%	7.09%	1.52%	(0.02%)	(3.26%)
5 yrs		6.75%	5.59%	1.21%	0.34%	(2.48%)
Forecasts:						
1993	971,889	921	89,042	346,435	366,801	168,690
1994	978,188	983	94,020	350,623	368,058	164,504
1995	984,929	1,049	99,276	354,862	369,319	160,422
1996	992,124	1,120	104,826	359,153	370,584	156,441
1997	999,790	1,196	110,686	363,495	371,854	152,559
1998	1,007,941	1,276	116,874	367,889	373,128	148,774
1999	1,016,596	1,363	123,408	372,337	374,406	145,082
2000	1,025,771	1,455	130,307	376,838	375,689	141,482
% of Total	100.00%	0.14%	12.70%	36.74%	36.63%	13.79%

Source: Board of Education of the City of New York, Division of Strat Services: Annual Pupil Ethnic Census, 1990

TABLE 2

Forecast of Local Revenues, Full Value of Property, and Local Tax Effort: New York City and Rest of State

YEAR	Per Pupil Local Revenues			Per Pupil Full Value of Property			Local Education Revenues Percentage of Full Value of Property		
	NYC	Rest of State	Ratio of NYC to Rest of State	NYC	Rest of State	Ratio of NYC to Rest of State	NYC	Rest of State	Ratio of NYC to Rest of State
1980	$1,816	$1,736	1.05	$82,819	$80,103	1.03	2.19%	2.17%	1.01
1981	$1,939	$1,976	0.98	$88,880	$88,344	1.01	2.18%	2.24%	0.98
1982	$2,323	$2,242	1.04	$95,159	$97,275	0.98	2.44%	2.30%	1.06
1983	$2,365	$2,458	0.96	$96,865	$102,237	0.95	2.44%	2.40%	1.02
1984	$2,709	$2,689	1.01	$101,921	$108,006	0.94	2.66%	2.49%	1.07
1985	$2,588	$2,930	0.88	$106,679	$120,756	0.88	2.43%	2.43%	1.00
1986	$2,909	$3,186	0.91	$115,176	$130,984	0.88	2.53%	2.43%	1.04
1987	$2,996	$3,469	0.86	$137,606	$151,466	0.91	2.18%	2.29%	0.95
1988	$3,181	$3,820	0.83	$164,414	$175,208	0.94	1.93%	2.18%	0.89
1989	$3,319	$4,197	0.79	$209,713	$206,197	1.02	1.58%	2.04%	0.78
est 1990	$3,461	$4,588	0.75	$242,907	$234,765	1.03	1.42%	1.95%	0.73
est 1991	$3,610	$5,015	0.72	$281,355	$267,291	1.05	1.28%	1.88%	0.68
est 1992	$3,765	$5,482	0.69	$325,889	$304,324	1.07	1.16%	1.80%	0.64
Avg. Chg.:									
10 yrs	7.15%	10.32%		11.17%	11.16%				
5 yrs	4.29%	9.31%		15.83%	13.85%				
Forecasts:									
1993	$3,926	$5,993	0.66	$377,471	$346,487	1.09	1.04%	1.73%	0.60
1994	$4,094	$6,551	0.62	$437,218	$394,492	1.11	0.94%	1.66%	0.56
1995	$4,270	$7,161	0.60	$506,422	$449,147	1.13	0.84%	1.59%	0.53
1996	$4,453	$7,828	0.57	$586,580	$511,376	1.15	0.76%	1.53%	0.50
1997	$4,644	$8,557	0.54	$679,426	$582,225	1.17	0.68%	1.47%	0.47
1998	$4,843	$9,354	0.52	$786,967	$662,891	1.19	0.62%	1.41%	0.44
1999	$5,051	$10,226	0.49	$911,531	$754,733	1.21	0.55%	1.35%	0.41
2000	$5,267	$11,178	0.47	$1,055,810	$859,299	1.23	0.50%	1.30%	0.38

Source: Berne & Stiefel (1991: Table 4)

TABLE 3
Inflation Adjusted Per-Pupil Forecast of Expenditures & Revenues (1989 Dollars)
New York City and Rest of State, 1980-2000

	Per Pupil AOE			Per Pupil State Revenue			Per Pupil Local Revenue			Combined
YEAR	NYC	Rest of State	Ratio	NYC	Rest of State	Ratio	NYC	Rest of State	Ratio	Dollar Difference
1980	$3,228	$3,756	0.86	$1,587	$1,973	0.80	$2,733	$2,613	1.05	($266)
1981	$3,464	$3,794	0.91	$1,661	$2,022	0.82	$2,645	$2,695	0.98	($411)
1982	$3,703	$4,058	0.91	$1,767	$2,114	0.84	$2,985	$2,881	1.04	($243)
1983	$4,183	$4,361	0.96	$1,920	$2,276	0.84	$2,944	$3,060	0.96	($472)
1984	$4,355	$4,578	0.95	$1,921	$2,357	0.82	$3,233	$3,209	1.01	($412)
1985	$4,499	$4,859	0.93	$2,177	$2,556	0.85	$2,983	$3,377	0.88	($773)
1986	$4,957	$5,228	0.95	$2,334	$2,793	0.84	$3,291	$3,605	0.91	($773)
1987	$5,157	$5,525	0.93	$2,532	$3,005	0.84	$3,270	$3,786	0.86	($989)
1988	$5,326	$5,851	0.91	$2,648	$3,226	0.82	$3,334	$4,004	0.83	($1,248)
1989	$5,500	$6,125	0.90	$2,885	$3,391	0.85	$3,319	$4,197	0.79	($1,384)
est 1990	$5,765	$6,492	0.89	$3,131	$3,647	0.86	$3,342	$4,429	0.75	($1,603)
est 1991	$6,042	$6,882	0.88	$3,397	$3,923	0.87	$3,365	$4,673	0.72	($1,834)
est 1992	$6,333	$7,295	0.87	$3,686	$4,219	0.87	$3,388	$4,931	0.69	($2,075)
Avg. Chg.:										
10 yrs	6.15%	5.60%		6.92%	6.23%		2.39%	5.41%		
5 yrs	4.81%	6.00%		8.51%	7.55%		0.69%	5.52%		
Forecasts:										
1993	$6,638	$7,732	0.86	$4,000	$4,538	0.88	$3,412	$5,203	0.66	($2,329)
1994	$6,957	$8,196	0.85	$4,340	$4,881	0.89	$3,435	$5,490	0.63	($2,595)
1995	$7,292	$8,688	0.84	$4,710	$5,249	0.90	$3,459	$5,793	0.60	($2,873)
1996	$7,643	$9,209	0.83	$5,110	$5,646	0.91	$3,483	$6,112	0.57	($3,165)
1997	$8,011	$9,762	0.82	$5,545	$6,073	0.91	$3,507	$6,449	0.54	($3,469)
1998	$8,397	$10,347	0.81	$6,017	$6,531	0.92	$3,532	$6,805	0.52	($3,788)
1999	$8,801	$10,968	0.80	$6,529	$7,025	0.93	$3,556	$7,181	0.50	($4,120)
2000	$9,224	$11,626	0.79	$7,085	$7,555	0.94	$3,581	$7,577	0.47	($4,467)

Source: Berne & Stiefel (1991: Table 2B)

TABLE 4

FUNDING FOR NYC LEP STUDENTS AND FORECAST

(In thousands, constant 1990 dollars)

Year	Students	Federal	State	Local**	TOTAL
1988	101,472	$49,293	$74,578	$63,691	$187,562
1989	102,934	$55,667	$84,504	$69,862	$210,034
1990	117,416	$55,812	$104,693	$77,639	$238,144
est 1991	130,125	$59,825	$124,241	$85,162	$269,228
est 1992	138,105	$64,316	$149,648	$93,413	$307,378
Avg Chg	6.13%	6.60%	18.60%	9.69%	
Forecast:					
1993	146,574	$69,340	$177,603	$102,465	$349,407
1994	155,562	$74,957	$213,964	$112,393	$401,314
1995	165,102	$81,234	$257,807	$123,283	$462,324
1996	175,226	$88,247	$310,676	$135,229	$534,152
1997	185,972	$96,081	$374,439	$148,331	$618,851
1998	197,376	$104,827	$451,348	$162,704	$718,879
1999	209,480	$114,591	$544,126	$178,469	$837,186
2000	222,326	$125,488	$656,060	$195,761	$977,310

Source: New York City Board of Education, Citywide Profile & Performance in Relation to Minimum Standards, various years;
Division of Multilingual and Multicultural Education, Facts and Figures, various y

** Tax levy expenditures for high school and special education bilingual/ESL prog

TABLE 5

BILINGUAL AND ESL PROGRAM FUNDING

COMMUNITY SCHOOL DISTRICTS, 1988-89

Funding Sources	Total Budget (A)	Students Served (B)	Per Pupil Expenditures C= A / B
Tax Levy	$69,862,362	33,152	$2,107
PCEN	$48,248,052	39,479	$1,222
Chapter I	$20,886,340	19,598	$1,066
Title VII	$9,091,669	14,434	$630
Immigrant	$2,545,523	38,703	$66

Source: New York City Board of Education, Office of Bilingual Educa (1988).

TABLE 6

AID TO NYC: LOW INCOME STUDENTS AND FORECAST

(constant 1990 dollars)

Year	Students	Federal (,000)	State (,000)	TOTAL (,000)	PP Expenditure
1985	617,509	$377,539	$10,012	$387,551	$628
1986	617,174	$405,477	$11,616	$417,093	$676
1987	640,910	$374,117	$12,427	$386,544	$603
1988	616,366	$386,957	$12,293	$399,249	$648
1989	594,355	$416,660	$11,228	$427,888	$720
1990	607,459	$466,784	$13,398	$480,182	$790
1991	636,838	$496,817	$11,401	$508,218	$798
est 1992	641,279	$520,936	$11,638	$532,574	$830
Avg Chg	0.70%	4.37%	0.33%		
Forecast:					
1993	645,750	$546,660	$11,941 -	$558,601	$865
1994	650,253	$574,097	$12,315	$586,412	$902
1995	654,787	$603,363	$12,768	$616,130	$941
1996	659,352	$634,578	$13,307	$647,885	$983
1997	663,950	$667,875	$13,942	$681,817	$1,027
1998	668,580	$703,392	$14,683	$718,075	$1,074
1999	673,241	$741,278	$15,541	$756,819	$1,124
2000	677,936	$781,692	$16,530	$798,222	$1,177

Source: Information Center on Education, New York State Department of Education, City of New York, Office of Comptroller, New York City Comprehensive Annual Financial Report of the Comptroller.

* Figures in 1992 are estimated

TABLE 7
Pediatric AIDS--Reported Cases and Forecasts:
New York City and United States*

Year	New York City	United States	% of US cases in NYC
1986	104	310	34%
1987	124	421	29%
1988	143	549	26%
1989	141	640	22%
1990	158	650	24%
1991	97	421	23%
est 1992	118	524	23%
Avg. Chg.:	22.06%	24.43%	
Forecasts:			
1993	145	652	22%
1994	176	811	22%
1995	215	1,009	21%
1996	263	1,256	21%
1997	321	1,562	21%
1998	392	1,944	20%
1999	478	2,419	20%
2000	583	3,009	19%

* Cases reported as of 3/31/92 for children <13 years of age.
Source: New York City Aids Surveillance Report: April 1992, New York City Department of Health, Aids Surveillance Unit

TABLE 8
Aids Appropriations by the Board of Education
Health Education Programs (K-12) *

Year	Federal (,000)	State (,000)	City (,000)	Total (,000)
1991	$446	$400	$8,974	$9,820
1992	$446	$400	$9,116	$9,962
1993	$446	$400	$9,261	$10,107
1994	$446	$400	$9,408	$10,254
Avg. Chg.:	0.00%	0.00%	1.59%	
Forecasts:				
1995	$544	$488	$11,706	$12,739
1996	$677	$596	$14,565	$15,838
1997	$843	$727	$18,123	$19,693
1998	$1,049	$888	$22,549	$24,486
1999	$1,305	$1,084	$28,057	$30,445
2000	$1,623	$1,323	$34,910	$37,856

Source: New York City OMB, Estimated Appropriations for Aids in NYC, 1991 Executive Budget.
* Values above include all health care programs involving AIDS education and prevention.

TABLE 9
Substance Abuse Related Reports and Allocation of Funds and Forecasts

Year	Related Reported Cases			Allocation of Funds				
	Parent	Child	Total	Federal (,000)	State (,000)	Local (,000)	TOTAL (,000)	
1986	1,314	1,314	2,627					
1987	1,990	2,533	4,523					
1988	2,613	4,264	6,877	N/A	$16,892	$4,576	$21,468	**
1989	2,924	6,507	9,431	$4,309	$17,892	$7,127	$529,329	***
est 1990	3,847	9,420	13,267	$4,525	$18,265	$10,064	$532,855	***
est 1991	5,061	13,267	18,328	$10,713	$19,087	$8,670	$238,470	***
est 1992	6,658	13,267	19,926	$11,249	$19,883	$11,071	$42,203	
Avg. Chg.:	31.57%	38.87% †		5.00% *	4.17%	27.70%		
Forecasts:								
1993	8,760	18,424	27,184	11,812	20,712	14,138	$46,662	
1994	11,525	25,586	37,111	12,403	21,575	18,055	$52,033	
1995	15,163	35,531	50,695	13,024	22,474	23,056	$58,554	
1996	19,950	49,342	69,292	13,675	23,411	29,443	$66,530	
1997	26,248	68,521	94,769	14,360	24,387	37,600	$76,346	
1998	34,533	95,156	129,689	15,078	25,403	48,015	$88,497	
1999	45,434	132,142	177,577	15,833	26,462	61,316	$103,611	
2000	59,776	183,506	243,283	16,625	27,565	78,302	$122,492	

Source: Column 2 and 3: New York City Human Resources Administration, Breaking the Cycle of Dependency, 1988 Annual Report; Column 5 through 7: City Board of Education, Office of Budget Operations and Review, Allocation Formulas, 1987-1991.

† Children's average change based on slowing rate of increase which plateaued by 1992

* 1989 and 1990 figures used to arrive at forecasts. Special funding in 1991 is not likely to continue in the future

** Does not include anticipated accruals of $875,000 which did not materialize as were reported FY'88 report

*** Includes $500,000 in private grants in FY's 89 and 90 and $200,000 in private grants in FY'91